ORDER FORM
FOR
NEWBORN SCREENING BLOOD COLLECTION KITS

Type: (check type needed)

_____DHMH 77 – to be used to collect specimens on babies < 7 days old

_____DHMH 79 – to be used to collect specimens on babies ≥ 7 days old

Number Requested:_____(ORDER NO MORE THAN A 6 MONTH SUPPLY)

Submitter Code (if known):_____ If you do not have a submitter code, one will be assigned and arrive along with your blood collection forms.

Mailing address for this package:

Hospital/Physician/Clinic Name:
Address Line 1:
Address Line 2:
City, State, Zip:
Telephone:
Fax: Attention:

Mailing address for reports:

Hospital/Physician/Clinic Name:
Address Line 1:
Address Line 2:
City, State, Zip:
Telephone: Alternate Telephone:
Fax:
Contact Person for specimen collection/delivery problems: Telephone:
Contact Person for Abnormal Results: Telephone:

FAX this form to: 410-333-7112 Your order will be filled promptly.